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DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

[Communicated for the Boston Medical and Surgical Journal.]

LECTURE VIII.

THE subject of ensuring a sufficient evacuation of the bowels has already been incidentally adverted to, and its importance enforced, especially in acute diseases. I propose now to speak more generally of this subject, and particularly of that condition so common, not only in disease, but among persons in ordinary health, viz., costiveness.

An insufficient natural movement of the bowels is their prevalent condition in most diseases, both acute and chronic, and attention to this condition with a view to its proper regulation is one of the precautions to be constantly, we may say daily, kept before us. Neglect of it, whilst it does not often directly and sensibly interfere with recovery from either acute or chronic diseases, especially the former, at least obviously, produces much discomfort and is the source of many annoyances. Still, it does not follow that in all stages and states of disease, an open state of the bowels is to be pertinaciously insisted upon. Some exceptions have already been pointed out. During the early periods of acute cases, where sufficient evacuation has taken place at their beginning, they can be more safely left for some time without any discharge than in the later, particularly when the suspension of digestion has been most complete, and the patient has taken only liquids containing little solid matter.

In the later periods, and during convalescence, after food has been taken of a more substantial kind, it may happen that although it is relished, and nourishes the patient, yet it is quite incompletely digested and transmits to the bowels a residuum which is capable of producing irritation. The effect of this differs much in different persons. In some there is a great insensibility, in others a great sensibility to causes of this kind; in the latter, slight ones will produce very considerable disturbance. This disturbance is more frequently indicated by the general condition of the patient than by local symptoms in the bowels themselves. For instance,

after relishing very well and feeling refreshed by a morning and mid-day meal, he will experience in the evening or beginning of the night, a general sense of uneasiness, dryness of the mouth, feverishness, a quickened pulse, headache, restlessness and incapacity to sleep. These may be so considerable as to excite fears of a relapse or of some new attack, and yet they will be often entirely dispelled by procuring an evacuation from an enema. This is noticed in the most marked manner in children; but, both in adults and children, whenever these or other irregular symptoms arise, not proper to the stage of their complaint or to their state in other respects, this cause is to be suspected, and no other measure to be adopted till this has been tried.

But there are circumstances under which the general rule of keeping the bowels open during disease is liable to misconstruction and misapplication. It is sometimes taken as an indispensable condition that a discharge should be procured every day, or every other day, without exception. Injury may be the result. In many persons all artificial attempts to procure discharges are attended with irritation; and in some diseases, especially where the canal itself has been the seat, efforts of this kind are resented and resisted. It is much safer, when there is an indication of this kind, to abstain from interference, and trust to time and a careful management of the ingesta.

There is another danger, of a different description. From a disposition to carry out the rule rigidly that we are never to keep the bowels open by medicine when we can do it by food—a rule of inestimable value under its proper limitations—we are sometimes led to attempt this in acute diseases, when the stomach is incapable of acting properly upon such articles as are ordinarily suitable for this purpose. The canal may be more irritated by their presence, than even by medicine. Thus, in typhoid fever, and, indeed, in most acute diseases, a small dose of castor oil will be much better borne than a meal of rye pudding or wheat bran. Even in the costiveness of people in ordinary health this may prove true.

But positive costiveness, both as an accompaniment of chronic diseases or as the habitual state of many persons in their ordinary health, is one of the most frequent conditions which we are called upon to encounter, and one of the most difficult to treat satisfactorily. It is, in the first place, important to observe that the same degree of costiveness does not call for the same urgent effort for its removal in all constitutions. The disposition to it and the extent to which it interferes with the health and comfort differ very much in different individuals. There are those in whom any departure from the regular daily habit is attended by some obvious derangement, indicated by headache, indigestion, and a sense of general uneasiness, whilst there are others who are able to pass many days without noticing any effect, and whose ordinary health

is not disturbed even by the habit of having a discharge but once in three or four, or even more days. In these, this slowness of the bowels seems to have become their normal condition, and continues perhaps for years without any particular ill consequences. Some of them survive to the usual period of life without any marked difference between them and others. Mere costiveness is probably a less evil, and productive of less evil, than is ordinarily imagined. Still, it is an evil, and also often productive of evil, but may do less injury than the means used to obviate it; especially the frequent taking of strongly operative medicines. The attempt should certainly be made to remove it, but this cannot always be done. Where it cannot, after a fair attempt has been made, and the system settles down into a regular habit of an evacuation once in a few days without any obvious ill consequence, it is better to submit to the evil quietly than to take the risk of impairing the healthy state of the organs by a constant interference.

But there are many who really do suffer from this habitual slowness of the bowels, and also many—perhaps quite as many—who think they suffer, or who think they shall suffer, if this state of things is permitted to continue, and for these we are constantly called upon to direct.

Costiveness is induced by various causes—such as resisting slight calls to the natural evacuation from inconvenience as to time and place—breaking up a regular habit from accidental interruption—sedentary and in-door occupations—unsuitable food, &c. Women are more liable to it than men, and inhabitants of the city than of the country. It is often induced, temporarily at least, by any considerable change in the regular course of life, such as a journey, a voyage by sea, an alteration in the hours of our meals, &c. &c., and the avoidance of these occasions is of course to be enforced as the best means of removing the difficulty, but this is not always possible, and where the habit of costiveness has been once formed they are seldom sufficient.

With some persons some very simple expedient is found adequate—not indeed to the removal of the habit—but to the prevention of its consequences, such as the daily introduction into the rectum of a bougie, which acts wholly mechanically, or of some slightly stimulating suppository, as a piece of soap or of candy, whilst others succeed by the use of an enema of cold or warm water, or molasses and water, or salt and water. Again, others are relieved by drinking a tumblerful of cold water on rising, swallowing a raw egg, a quantity of clear butter, or of sweet oil.

Still, few persons are disposed to persevere in this way, and a better method is to regulate the diet by laxative food. When this is effectual, it is undoubtedly preferable to all others. The term laxative, as applied to food, is not, however, perfectly definite. What is laxative in one person is not necessarily so in another. Usually vegetable food, especially the subacid fruits, is more laxa-

tive than animal, but there are a few persons who are more costive under the use of the former than the latter. As a general rule, those kinds of food which contain a considerable quantity of an indigestible residue are most to be depended on, and their power is partly due to the bulk thus given to the fæces. Thus costive persons find their account in the use of bread made of flour from which the bran has not been entirely sifted; and probably much of the costiveness found to exist among the more comfortable classes of society, is due to their almost exclusive use of the finest flour. One of the grains—rye—seems to have beyond this an absolutely laxative power, and its use, even when finely sifted, is in many persons quite sufficient for the purpose.

Upon the whole, the articles of food that are found most certainly efficacious are, wheat finely broken, but not ground, known under the name of "cracked wheat"; wheat bran, eaten separately, in the quantity of two or three ounces daily; the common rye and Indian bread, known in New England as "brown bread," and barley or oat-meal bread; or any of these grains taken in the form of hasty pudding, mush, or stir-about. By the habitual use of one or other of these, a majority of persons can keep the bowels in a sufficiently soluble state, who will persevere with them in sufficient quantity and for a sufficient time, but in this they are apt to fail.

Other articles, not nutritious, are sometimes found efficacious; such is the white mustard seed, taken in the quantity of three or four teaspoonfuls every day, or powdered charcoal in the same quantity. Probably their efficacy depends upon their influence as foreign or indigestible substances. An objection is sometimes made to articles not capable of digestion, on the ground that all such substances must be necessarily injurious. This fear, however, has no foundation. A substance present in the alimentary canal is not injurious merely because it acts there as a foreign substance and not capable of being dissolved, unless from its bulk or some positively irritating quality. On the contrary, the presence among the fæces of a considerable proportion of such material aids in promoting the due action of the canal.

Still, no attention to the character of the diet, especially when this attention is irregular and unequal, as is apt to be the case, is sufficient in all cases; and in many it becomes necessary to depend upon medicine. When this is employed for this purpose only, the aim should be so to administer it as never to act as a cathartic, but to produce, as nearly as possible, a natural discharge. This is to be effected by giving it in such quantities and at such times as will impart to the whole bulk of the fæces a quality that will ensure their discharge by the natural action of the intestine. A single dose administered with, or in the near neighborhood of, some one of the meals is often sufficient, and the evening is the best time, because its operation falls in with a tendency to

a natural operation in the morning. In many persons this does not answer, and if a dose large enough to act at all is given, its operation partakes of the character of a cathartic. In such cases a smaller dose given at two or three of the meals in the day will succeed better. The article selected is of less consequence than the mode of giving it; but no method I have ever employed for the use of persons so persistently costive as to be obliged to depend upon medicine for its relief, has been so satisfactory as the combination of a large number of cathartic substances in small quantities in a single prescription, as in the specimen inserted below.*

This method may be often pursued for years, without any necessity for an increase in the quantity, though this is not always the case, nor have I ever found that any evil has arisen from such continuance. Undoubtedly, the large and habitual introduction of any medicinal substances into the stomach is to be avoided if possible, and no person should yield himself to such a habit when the end can be attained in any other way. Still, when we consider the constant errors of diet as to quantity and quality, of which most persons are daily guilty, and also their constant offences against the laws of health in other respects, it is not too much to say that very few of us pass a day of our lives without some indulgence which is far more injurious than taking into the stomach a small quantity of medicine. I believe that the daily eating of newly-baked bread and butter, hot buttered toast, pastry and confectionary, short cakes, rich soups and gravies, and puddings, might with very many individuals be advantageously exchanged for a few grains of aloes or rhubarb.

When the bowels have lost their susceptibility to a laxative diet, and medicines have been resorted to for costiveness, it will often happen that this susceptibility will return after a time, and medicine may be discontinued. This desirable change will be promoted if, during the use of medicine, the patient discontinue the use of laxative food. This is not usually done, but he perseveres in it with the idea that thus a less quantity of medicine will be required. This may be so, but it is likely to prevent the return of the natural susceptibility. When the patient depends upon medicine at all, it is best to depend upon it entirely. It is even better to adopt a diet which is rather constipating in its character, as by this means after a time the return to the use of laxative food is more likely to be effectual.

Spontaneously the tendency to costiveness will sometimes subside. It is often observed, after a long or severe fit of sickness, that the natural power of the bowels is restored, as indeed the relation of the digestive organs to the food is not infrequently

* The following combination I have now used for nearly forty years, and in a very large number of cases, and have rarely found occasion to be dissatisfied with its effect:—R. Aloes, one scruple; jalap and rhubarb, scammony, each sixteen grains; gamboge, five grains; tartrate of antimony, one grain; croton oil, one drop. Mix in 64 pills. Of these pills one taken during or directly after a meal, once, twice or three times a day, will rarely operate medicinally, and will usually produce a natural fecal discharge.

changed in other respects. A change of place, of climate, of occupation or of other habits, may be attended by the same result. Sometimes, without any obvious cause, as life advances, a change takes place in this respect, and those who have been costive during its early periods acquire a habit of regular evacuation. More commonly, however, the tendency to costiveness is greater in the old than the young, whilst the evils from it are certainly less.

It cannot be too strongly impressed upon those who suffer from this infirmity, that the worst method of dealing with it is to permit several days to elapse without a movement, and then to procure one by taking a full dose, which shall operate as a cathartic, of such articles as jalap, senna, bilious pills, or even aloes and rhubarb. In this case the patient suffers in some degree the evil of the cathartic without the real benefit of an open state of the bowels; whilst the frequent use of such doses tends strongly to undermine the powers of the digestive organs.

In many, perhaps most costive persons, any measures they may employ which prove successful at first, fail of their effect after a time. This is probably due to the same disposition which originally renders the intestine insensible to the natural stimulus of the fæces. In this case the method should be changed, and by passing from one expedient to another as each is successively found to fail—e. g., from diet to enemata, from enemata to medicine, and from one kind of medicine to another—the purpose will be accomplished. It is worthy of remark that the exhaustion of susceptibility to one method is not generally accompanied by a loss of susceptibility to the others, and that after suspending for a sufficient time any one method of treatment which has become inefficacious, a return to it will be successful. This is especially the case where the stronger purgatives have not been employed in cathartic doses. Actual purging disturbs more permanently the natural state of the intestine in this respect, than any continuance of medicines given in the way which has been suggested.

In the employment of enemata for the treatment of costiveness, the mildest should be employed which will answer the purpose. Mere water is the best, and by increasing the quantity gradually from a half pint to a quart, serves for a long period. As it fails, its efficacy may be renewed by the addition of any mild stimulant, such as common salt, soap, molasses, or any of the operative neutral salts. Usually the operation of enemata is unattended by any unpleasant effects, and may safely be continued as long as they answer the intended purpose. But there are exceptions to this. Some persons are always unfavorably affected by them, especially when they are large in quantity, or when it becomes necessary to use anything stronger than water or some mild fluid, like gruel or starch. The excitement of the mucous surface of the intestine, its mere distension or its muscular contraction in this unusually distended state, are followed by pain in the back and sacral re-

gion, by a sense of great weakness and exhaustion in the whole lower part of the abdomen, and even by faintness, which continues for some time and renders the recumbent posture necessary. This is more observable in women than in men, and particularly in women laboring under exhausting affections of the womb.

While on the subject of enemata, it may be well to add that when used to aid the operation of an insufficient cathartic, or to produce a cathartic effect themselves when the state of the stomach or any other circumstance renders the introduction of medicine into the stomach inexpedient, the use of an enema of decidedly purgative powers has often an excellent effect. For this purpose, none is so certain or so thorough as a watery solution of aloes; from twenty to forty grains given in this way seldom fails to act speedily and effectually.

[To be continued.]

CASE OF POISONING BY ACONITE—SUCCESSFUL USE OF NUX
VOMICA AS AN ANTIDOTE.

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APRIL 19th, 1861, I was called to see a colored boy, 5 years of age, a son of Mr. Lewis, Pine St., this city, who had taken, as I subsequently learned, a preparation of the tincture of aconite and simple syrup, a mixture I had some time previously prescribed for a member of the family. He was seen with the bottle, "tasting" it; how much had really been taken could not be definitely ascertained, but, from his condition, it was manifest he had swallowed a destructive dose. The first intimation that anything was wrong was given about an hour and a half before I saw him, when he complained of his throat, walked unsteadily, and articulated with difficulty. I found him comatose, the eyes half closed, expressionless, the pupils insensible to light, though not much dilated. The pulse was feeble and irregular, respiration requiring artificial aid to support it, and the muscles and ligaments so much relaxed that he could neither stand up nor sit unless supported. His respiration finally degenerated to a gasp, occurring five or six times the minute, then he would convulsively straighten out in the lap of his attendant, throw his head and shoulders back, and his hands over his head, as if, mechanically, to get a longer and fuller inspiration, then relax into the same state as before.

No time was lost in getting his feet into hot water, sinapisms on the soles of the feet, calves, and over the abdomen and chest. I failed in my attempts to get an emetic dose of mustard into the stomach, from its bulk and difficult deglutition. Ipecac and antimony being the least bulky of anything at hand, I forced down a double dose; soon after I irritated the fauces with a feather. Fifteen minutes passing, and no signs of vomiting having appeared, I repeated the dose, and irritated the throat as before. No retching occurred

from this at the expiration of half an hour from the first dose, the respiration grew more difficult, and the pulse became imperceptible at the wrist. He was sinking, evidently, and the emetics were aiding the poison instead of the patient, as the muscular fibres of the stomach were rendered insensible to expulsive stimuli by the depressing influence of the poison, and the difficult respiration and deglutition were referable to the operation of the same cause upon the diaphragm and pharynx. The case now appeared desperate, unless these tissues could be excited, and nux vomica was manifestly capable of producing this effect, as its full therapeutic action was the exact opposite of that now dominant from the poison. Impressed with this idea, I gave him three drops of the tincture of nux vomica; I then placed my finger upon the wrist and awaited the result. My pleasure can be well imagined when, in a few minutes, I felt the heart's impulse returning with accelerated vigor as the tincture became more and more absorbed, and the respirations were correspondingly improved in steadiness and depth. At the end of twenty minutes I repeated the dose, soon after tickling the fauces with the feather. Retching was soon induced, and vigorous emesis followed. After this operation, young ebony opened his eyes, and after satisfying himself that matters were progressing circumspectly, he coolly lay back in the lap of his attendant, with a quiet and steady respiration and pulse. I remained half an hour longer, when I considered him safe, and left him, with directions to take three drops once in three hours during the night, allowing him to sleep during the intervals if the breathing continued regular. The next day I found him sitting in a chair, and apparently fully recovered, having rested well during the night, and taken light nourishment during the day. I left him two drop doses of the tincture for meal times during three days, to ensure perfect tone of the muscles.

As corollary to this, I think it may be said that nux vomica is a complete antidote to aconite, and, conversely, that aconite is equally an antidote to nux vomica. No doubt the nux vomica would have been equally as prompt in this case when I first saw it as when I gave it. Nor is it unworthy of thought that the antidotal powers of nux vomica may extend with equal force to the whole family of acro-narcotic and narcotic poisons. There can be no doubt that aconite, belladonna, digitalis, conium, hyoseyamus, stramonium, as well as opium, tobacco and prussic acid, act directly upon the nerves and muscles of organic life through the brain, paralyzing them more or less completely as their toxic powers are developed, and that the stimulus excited by nux vomica upon the spinal cord, and reflexed through the sympathetic ganglia, could not be expected to do less than to revive and maintain these suspended functions more or less perfectly, until the brain recovers from the effects of the poison.

Hartford, Sept. 11th, 1860.

D. D. HANSON.

ACTION OF OPIUM ON THE GENITO-URINARY ORGANS.

BY B. WOODWARD, M.D., GALESBURG, ILL.

THOUGH opium has been known as a therapeutic agent from the earliest ages, it is not yet fully understood; and as the relations of pathology and therapeutics are being studied, new forms of its action are being developed. Almost all writers on *Materia Medica* unite in saying that "opium arrests all the secretions except those of the skin." This is the general belief; and I had taken it for granted, till about three years ago, when an accident made me doubt the assertion, so far as the urine was concerned, and subsequent experience has convinced me, that under certain circumstances, instead of arresting, it increases this secretion in a remarkable manner. Having occasion to take a dose of morphia, I was struck with the largely increased urinary secretion, and its clear, limpid character. In order to test the matter, I next day measured all the urine passed in twenty-four hours, and proved it to be twenty-eight ounces; specific gravity, 1014. The next day after urinating, on rising from bed, I ate and drank as usual, and took a third of a grain of sulphate of morphia, at 7, 10, 1 and 4 o'clock, and measured all the urine passed at 9, P.M., and found it to be forty-five ounces, very limpid; specific gravity, 1003. This experiment was repeated carefully four times, at intervals of five days, and each time proved a corresponding increase in quantity, and lowering of specific gravity. Since that time I have several times repeated the experiment, and always with the same results. Lest this should be the result of some idiosyncrasy, I subjected five young men to the experiment, and with four of them obtained a very large increase, and lower specific gravity. With one of them, on two trials, I found no perceptible increase or diminution of the quantity, but a marked lessening of specific gravity. It is proper to say, that I have not obtained the same results with opium itself, as with its alkaloids, but there has been no difference, whether the muriate or sulphate of morphia were used. Acting on these hints, I have repeatedly used morphia in irritable conditions of the nervous system where a diuretic was required, and have always been pleased with the results. These are the class of cases requiring a sedative action, and in which veratrum viride acts on the kidneys. Opium, then, appears to be a sedative diuretic, causing an increased secretion from the kidneys, by its relaxing properties. I think it will be found that in many cases of disease, the urinary secretion is arrested by the state of nervous tension which has been superinduced, and that instead of a resort to stimulant diuretics, sedatives will relax the tension, and allow the secretion to be restored. This sedative action must be brought about by such agents as shall act on and through the nervous system, and not those which act on the blood (e.g., calomel and antimony). There is a vital difference between sedation of the nervous system and

depression. Depression is often caused by nervous irritation, which wears out the powers, and which is successfully combated by sedatives, which allay the irritation and give the system a chance to recuperate. Whether by the use of opium the solid contents of the urine are increased, could only be determined by an analysis of all passed in a given time; but the evidence of my own is, that they are not. Where there is evidence of a poisoning of the system by the retention of excrementitious matter which should be eliminated by the kidneys, I have found the better plan to be to combine morphia with a saline diuretic. Retention of excrementitious matters produces nervous irritation, and this leads to true depression.

Another marked action of opium is as an anaphrodisiac. For obvious reasons it is difficult to settle this satisfactorily; but in the cases of several women whom I knew to be opium eaters, inquiry of the husbands has elicited the fact that in them the sexual desire was almost extinct; and several men of whom I have inquired, who used much opium, have acknowledged the same to be true of them. This may account for the impunity, so far as health is concerned, with which Turks and other Asiatics, who all use much opium, keep large numbers of women in their harems. Their lives are spent in a dreamy voluptuousness, while, in fact, sexual appetite may not be largely indulged. The testimony of travellers is, that "large families of children are rare among the wealthy orientals who keep extensive harems." The testimony of a prostitute on this point was, that "she was obliged to use opium freely, so that she should be merely passive, while admitting men to her embrace, or she would have been worn out." I could give the cases of several men for whom I have prescribed opium, to enable them to overcome their lustful propensities, and always with benefit, as it held the desire in abeyance, and enabled them to bring their moral powers to bear. In the case of a most estimable woman, now dead, who, ten days after accouchement, became the victim of uncontrollable sexual desire, amounting almost to nymphomania, full doses of morphia by the mouth, and solutions of morphia to the parts, acted almost like a charm, and restored her to herself.

I conclude, then, that opium has a direct action on the nerves governing the urinary and generative organs.—*Chicago Medical Examiner.*

FURTHER EXPERIMENTS WITH KEROSOLENE.

In the absence of a report from the Committee appointed at the July meeting of the Cook County Medical Society, to investigate the properties and actions of the new anæsthetic, kerosolene, it may be as well to put on record one or two of the experiments made with this agent on the lower animals, by the junior editor of the *Examiner*.

Expt. I.—A full-grown, healthy doe rabbit was subjected to the influence of the vapor, administered on a cotton cloth. After inhaling about two minutes, during which the respiration became hurried and convulsive, the animal screamed loudly and continuously for more than a minute, followed by violent struggling, which, at the end of the fifth minute (the inhalation meanwhile continued), gave place to rapid involuntary motion of the fore-legs. The animal was now laid on its side, and the inhalation suspended, but the involuntary motion of the fore-legs was continued, the posterior extremities lying relaxed. At the end of the eighth minute (the second of the intermission), the involuntary motions had given way to attempts to regain its feet; breathing natural, though a little hurried, and vapor again exhibited. The struggling was at once renewed, followed by strong clonic spasms of the extremities, varied by the rapid movements of the fore-paws, during which the hind-legs were rigidly extended; to this succeeded violent shivering of the whole body, respiration very quick and laborious, eye-balls protruded. At the end of the twelfth minute, sensibility was yet perfect, the prick of a scalpel being instantly responded to. The animal now lying prone, the cloth was placed close under its nostrils, and two drachms of the fluid poured on, care being taken that it did not touch the nostrils. The irregular convulsive movements were again renewed, intermitting to fits of shivering, after one of which the trunk was flexed backwards (opisthotonos), extremities extended and respiration ceased. On opening the thorax, ten minutes afterwards, the right auricle was found immensely distended, and still strongly pulsating, pulmonary arteries congested, and the other usual symptoms of asphyxia. The inhalation was continued nearly fifteen minutes, with about two minutes intermission, and at no time was there any anæsthesia.

Expt. II.—A full-grown, young male rabbit was subjected to the vapor, by pouring half an ounce of the liquid into a common tumbler, into the upper part of which pussy's head was confined. For the first five minutes the phenomena were similar to those in the first experiment; but while struggling, his head was so far released as to allow him to lap up, probably, half a drachm of the fluid. Violent shivering fits at once supervened, followed by entire muscular relaxation, from which (the vapor being withdrawn), he recovered in four or five minutes, eating and running with perfect freedom. No anæsthesia.

Expt. III.—The same rabbit, one week afterwards, was again treated to the vapor from the tumbler. Phenomena almost identical with those of No. I., death occurring in about fourteen minutes, with no intermission of the supply of vapor. Post-mortem revealed the usual symptoms of asphyxia. The blood coagulated very slowly in both instances. Ten drachms of kerosolene were used in the first, and not quite an ounce in the last experiment. Anæsthesia was not produced in either case, at any time before death.—*Ibid.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

AUGUST 26th. *Diphtheria*.—Dr. W. E. TOWNSEND said he had lately under his care an old gentleman, 80 years of age, who had an attack of diarrhœa. Two days after his recovery from this, his tongue and fauces were entirely covered with a thick, pasty secretion. There was great prostration, and difficulty in swallowing. Under the use of chlorate of potash and wine, he rapidly recovered. Dr. T. considered the case one of diphtheria.‡

Dr. MORLAND said he had two cases of diphtheria about the same time as that described by Dr. Townsend. The patients were in one family. The first was a very delicate boy, about six years old. When first visited, the posterior fauces and the tonsils were covered with a thick lymph, looking like wash-leather, and the same was observed, on depressing the tongue, to extend downward upon the pharynx. The velum pendulum palati was swollen and cedematous. A diffused dark redness of the faucial mucous membrane was noticed around the patches of lymph. The constitutional affection was extreme; the little patient being greatly prostrated. There was cough, with expectoration of glairy mucus, at first. Subsequently, frequent and copious epistaxis occurred, with deadly pallor accompanying each accession. Vomiting occasionally took place, but was not severe.

The nitrate of silver was immediately and thoroughly applied around the patches; and the application renewed twenty-four hours later. The patches of lymph did not extend; but deep sloughs formed in each tonsil, and finally hung off from these glands, so that the dead portions were necessarily removed by dressing-forceps. There was at this period intense and nauseous fœtor, which could be at once perceived, on entering the room; and a degree of it had been noticed almost from the first. The mouth was carefully swabbed with a solution of chlorinated soda, and ice was freely administered to the child, with apparently excellent effect. It was taken with avidity. There was free bleeding from the sloughy tonsils. Externally, warm applications were made to the throat, which was very little swollen. Citrate of quinia and iron was largely given. The child—whose disease was nearly at its height when it was first seen by Dr. M., July 11th—was much better in four days; and at the end of a week no lymph and but little redness remained. There was, however, great weakness and anorexia. Beef-tea and wine-why were given regularly and perseveringly through the entire course of the illness. The pulse was always weak and tremulous.

This boy, visited to-day, August 26th, seems nearly well. The throat is in a natural and healthy state, except that the velum is too long. Astringent gargles and tonics were ordered to be continued, and the patient was sent into the country.

One phenomenon was very marked in this patient, at the latter date, viz., indistinct utterance, and inability to pronounce certain common words; together with a degree of impaired deglutition. This state, which is referred to by authors, and ascribed to disordered innervation, is by Dr. Jenner (*On Diphtheria*) thought to be only occasional; Dr. Greenhow believes that few patients escape some such manifestations. Difficulty of deglutition is not uncommon, but that of articulation is

not particularly noted. Patients generally recover from the condition under the use of tonics, and with the return of their accustomed strength; but fatal results may follow, and the state may supervene several weeks after the original disease has ceased. When cardiac disturbance occurs, great danger is imminent.

The second patient was a sister of the boy whose case has been sketched. She was four years old, and very stout, ruddy and strong, but of phlegmatic temperament. She was attacked with true diphtheritic disease about the last of July, having been with her brother until Dr. M. was called, when the mother was told to keep her away from him. How effectual the separation was, is doubtful. The case seemed one of evident personal communication. There was less lymph upon the fauces, but far more swelling and redness of the tonsils, and of the throat generally, than in the boy. She was very much depressed in strength, and had a small and persistently weak pulse, with occasional vomiting and epistaxis; the latter not so profuse as in the other patient. The treatment was essentially the same as in the first case.

Drs. Williams and Page saw both patients at times; and the girl was for several days under the latter gentleman's care. On Tuesday, Aug. 6th, Dr. M. was hastily summoned, and found the patient *in articulo mortis*. She was lying on the bed, throwing herself about, evidently greatly distressed for breath. On taking her up and placing her in the nurse's arms, for the purpose of examining the throat, she gave a few gasps, and then quietly expired. The throat was enormously swelled and reddened, both within and without, and the epiglottis stood erect. All the parts seemed infiltrated with serum. Death doubtless occurred from apnoea, but the suffocative symptoms came on so suddenly, and were so promptly fatal, that no opportunity was afforded for opening the trachea. Dr. Page was present at the time of the child's death.

No *post-mortem* examination was allowed. No other persons in the house had actual diphtheria, but the mother, and a woman who assisted her, had troublesome sore throat.

Aug. 26th.—*Ventral Hernia. Opening the entire length of the Linea alba.* Case reported by Dr. ABBOT.

Mrs. R., an Irish woman, between thirty and forty years of age, applied for information whether she were pregnant or not. She had borne several children, and had supposed from her sensations and the enlargement of her abdomen that she must be near her confinement. She was puzzled, however, by the fact of her catamenia having been regular every month, and wished a professional decision on her case. On examining the abdomen, the first object which arrested attention was a central, prominent tumor, as large as a quart bowl, with the umbilicus on top, somewhat flaccid, quite resonant on percussion, and very sensitive to pressure. It could be easily moved more or less from side to side, and its contents seemed to be largely gaseous. On passing the hands over the abdomen on each side, the parietes had a firm, resistant feel, somewhat like that given to the hand by a distended uterus. Returning to the tumor once more, steady, equable pressure was made, to ascertain if there were a solid body below, or the aorta could be reached. Gradually the tumor receded until the aorta could be distinctly felt, and indeed grasped between the thumb and finger with the greatest ease. Drawing the fingers to one side, a rigid, sharply-defined edge

in the abdominal parietes was detected, and without much difficulty the ends of the fingers could be passed beneath, so that the thickened, firm edge of the right rectus muscle was readily grasped. The case was evidently one of ventral hernia. The muscle of the opposite side could be grasped in like manner, and the separation between them at the centre of the abdomen was from one and a half to two inches in width; the edges of the opening at this place were about three quarters of an inch in thickness. On tracing the edge of this fissure with the finger, it could be distinctly followed up to within half an inch of the ensiform cartilage and down to the pubes; the edge was perfectly defined and sharp. Of course the motion which had been attributed to a fetus, was merely that of peristaltic action. The patient was advised to wear a bandage, to be adjusted by herself according to her own convenience. On a subsequent occasion, the condition of things was somewhat different, owing to a temporary difference of condition in the abdominal contents. At this time there was no marked central prominence, and the abdominal walls were flaccid, and for a moment there was a question as to the correctness of the former diagnosis. The aorta could be felt, however, very easily, and towards the iliac region a clearly-defined edge was easily made out; still it was not until after a somewhat careful manipulation that the opening could be traced as before, but it was at last accomplished; its width in the middle abdomen, was now at least four inches. The intestines were not distended, and did not protrude at all. On the patient's making an effort to sit up, however, the muscles at once contracted, narrowing the opening, and forcing up a regular oval tumor through it. There really seemed to be nothing between the finger and the cavity of the abdomen, throughout the extent of the median line, but the skin. The patient could give no history of the present condition of the parts. She had borne several children without special inconvenience, and two years since miscarried at the fifth month without any known cause unless it were the carrying heavy tubs of water up and down stairs. Her attention was first called to her present condition in February last, but she attributed her sensations to pregnancy. She has at the present time passed her catamenial period two weeks, and if she should prove to be pregnant, her case will be watched with much interest.

Bibliographical Notices.

A Manual of Operative Surgery on the Dead Body. By THOMAS SMITH, F.R.C.S., Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's Hospital; Surgeon to the Great Northern Hospital. London. 1859.

This little book has had two years' existence; still, as it is to a great extent unknown in this neighborhood, and is, moreover, a work which would be of great service in the study of operative surgery, not only on the dead, but also on the living body, it deserves notice from us. The facilities for practical anatomy, which the enlightened condition of the community of the present day permits, render not merely dissections, but practical surgery on the subject a desideratum easily to be obtained; while the advance in the science of surgery, as shown by new discoveries and new methods, demands a more com-

plete and ready knowledge of the subject than mere books and lectures can give. It is, then, to present to the student in the dissecting room, as well as to the operative surgeon, of whatever standing, a *vade mecum*, while performing operations on the subject, that this manual is offered; "to give to students a practical guide to the performance of operations on the dead body, and to lighten the labors of teachers, by enabling them to dispense with much oral instruction, and to substitute the same kind of supervision that is ordinarily exercised in the study of practical anatomy." At the same time, the author does not give an entire treatise on operative surgery; for instance, he fails entirely to speak of hernia and dislocations; but, as he says in his preface, "only those operative measures are treated of which can be advantageously performed on the dead body." What he *does* give, however, is so valuable, so clearly presented, and so forcibly impressed upon the mind, as to force the conviction that the work should be more fully known than it is at present. The book is clearly and beautifully illustrated from photographs of actual operations. If for no other reason, the book is worth its price merely for the illustration on page 95, representing that point, so difficult of comprehension to many, the division of the ligaments at the base of the second metatarsal bone in Lisfranc's amputation. The titles of some of the chapters will show the scope of the book. After speaking, in Chapters I. and II., of the selection of a subject and some minor operations—among which latter, however, he includes the operations for removal of the eyeball and artificial anus—he devotes Chapter III. to tenotomy; IV. to ligature of arteries; V. to median operations [including tracheotomy, laryngotomy, pharyngotomy and lithotomy]; VI. to amputations of the upper extremities and removal of the breast; VII. to amputations of the lower extremities and penis, and castration; VIII. to resection of entire bones and joints; and IX. to trephining and the stomach pump. Altogether, the work is one of much value, and should be in the hands of every practitioner—if for no other reason, for its use in every-day practical surgery.

Army Medical Intelligence.

MEDICAL STATISTICS AT FORTRESS MONROE, VA.—*Messrs. Editors*,—The reports of the medical officers of the Department of "South Eastern Virginia, &c." for the month of August, 1861, show a general improvement in the health of the troops. Fall fevers are increasing; other classes of disease show generally marked diminutions in the number of cases. The following are the figures:—

Sept. 1, 1861.—Strength of command—officers and enlisted men, 7,361. Remaining on last report of regiments reported here, 480. Taken sick during the month of August, 2,847. Sent to the General Hospital, Fortress Monroe, 54. On furlough, 12. Discharged on Surgeon's certificate, 77. Deserted, 1. Died, 7. Returned to duty, 2,734. Remaining sick, 197. Convalescent, 245.

The causes of death were:—enteritis, 1; typhoid fever, 2; common continued fever, 1; gastritis, 1; cirrhosis, 1; casualty, 1. These include Lieut. E. S. Holbrook, Massachusetts Battalion: one sergeant from 2d N. Y. Vols.; one sergeant from 20th N. Y. Vols.; two pri-

vates from 1st N. Y. Vols. ; one private of 1st Vt. Vols. ; one private of 7th N. Y. Vols.

Classes of disease.—Fever, 254. Diseases of organs connected with the digestive system, 1,146 ; of the respiratory system, 207 ; brain and nervous system, 108 ; urinary and genital organs and venereal affections, 113 ; fibrous and muscular structures, 226 ; abscesses and ulcers, 222 ; wounds and injuries, 202 ; diseases of the eye, 40.

Leading diseases :—Diarrhœa, 718. Rheumatism, acute and chronic, 209. Constipation, 212. Fevers—congestive, 33 ; common continued, 23 ; intermittent quot., 66 ; intermittent tertian, 50 ; remittent, 51 ; typhoides, 5 ; other fevers, 26. Rubeola, 1. Dyspepsia, 37. Colica, 28. Cholera morbus, 24. Gastritis, 30. Tonsillitis, 19. Bronchitis, 72. Phthisis pulmonalis, 5. Pneumonia, 4. Pleuritis, 11. Cephalalgia, 63. Ictus solis, 3. Syphilis, primitive, 7. Syphilis, consecutive, 23. Orchitis, 16. Gonorrhœa, 47. Abscessus, 44. Phlegmon, 80. Incised, contused and lacerated wounds, 90. Gun-shot wounds, 11. Contusio, 28. Debilitas, 34. Ophthalmia, 17 ; other diseases of the eye, 23.

The medical purveyor's office at this post is in good supply of drugs and medical stores ; there is also a good supply of several varieties of ambulances, or field hospital wagons.

Dr. R. B. McCay, of Pennsylvania, who has been acting here as a surgeon under contract, since June last, has just been commissioned as a brigade surgeon, and assigned to this division for duty.

CHARLES B. WHITE, *Asst. Surg. U. S. A.*

Fortress Monroe, Va., Sept. 17th, 1861.

We publish the following extracts from letters of Army correspondents :—

To the Surgeon General.

ARLINGTON, VA., NEAR FORT CORCORAN, }
September 16th, 1861. }

DEAR SIR,— * * * * * We started, if you recollect, on Wednesday noon from Boston, arrived in Washington at five minutes past 4 o'clock on Saturday morning, obtained a pass, and in the afternoon started for this camp, which is very pleasantly situated on the sides and tops of two hills, connecting so as to make the letter V. The hills and all the grounds about are covered with a white-oak growth, the trees running up nearly 100 feet. * * * * * I have 30 sick in quarters, and 10 in hospital, including one man wounded while doing picket duty, on Friday last. He was shot through the left arm, the ball passing into and through the chest, wounding the lung. General emphysema followed. I went over within three hundred yards of the rebels (about four miles from camp), in order to get the man. The picket men were scattered behind the trees. The rebels commenced firing shells. I remained while about one dozen were thrown around me. I told my ambulance driver to return a short distance, until we ascertained the whereabouts of the wounded man. He had been sent back into the woods, nearer the camp. The road for half a mile was parallel to the rebels. I was on my colt, and was told by the pickets who had hid behind the trees, that they were afraid the rebels would outflank me, if I remained any longer in that place. I put spurs to the animal, and let her run for the first half mile, which was in the direct course of the shells that were falling the whole

way. The next half mile was a faster run than I ever made before. After a while we all returned to quarters.

Yours with respect,

S. WATSON DREW,
Surgeon of 9th Regiment.

To the Surgeon General.

CAMP UNION, SEPT. 12TH, 1861.

DEAR SIR.—I arrived here on Saturday last, and reported to Dr. Bell. I find very little severe sickness, but a good deal of diarrhœa, and a kind of malarial fever attended with slight chills and followed by moderate febrile exacerbations. There are now 18 patients in the hospital, and between 30 and 40 outside patients are prescribed for daily. The care of the hospital and all the other patients has fallen to me.

Yours, &c.

IRA RUSSELL,
Surgeon of 11th Regiment.

Surgeon Baxter, of the 12th Regiment, reports, under date of Darnestown, Md., Sept. 14th, as follows:—"The 12th Regiment, Mass. Volunteers, has not seen a healthier time, since its organization, than during the past week. At present, and in fact for the past seven days, I have had *two* patients only in hospital, and ten excused from duty on account of little accidents, such as sore feet, and some little attack of diarrhœa. The 13th Regiment, Mass. Volunteers, encamped near us, have twenty-five in hospital. I don't mention this fact, however, to depreciate in any way the medical department of that Regiment, for they are well taken care of by skilful surgeons. * *

* * * I have entire medical charge of the Division supply train, consisting of three hundred wagons, in addition to my own regiment; this keeps me quite busy."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, SEPTEMBER 26, 1861.

For many years the school of infinitesimal medicine has been gradually losing the confidence which for a time it seemed to inspire as well in this country as in Europe, and there are now indications of an unmistakable character, that its last strongholds are about to yield to the pressure of a more healthy public sentiment; and that at no very remote period it will be remembered only in connection with those kindred delusions which serve to give so painful an interest to the history of medicine. When we remember the feeble origin of homœopathy, we are amazed at the rapidity and strength of its growth, which in a few short years has emboldened its advocates to assume for it a place beside our ancient faith, and to claim for it a like respect. Its high priests succeeded for a time in gaining the favor of the rich and great, and even crept into the presence of kings and emperors, and it almost seemed as if the dream of Hahnemann was destined to be verified, and that a new era had dawned in the annals of medical science. But the story, after all, will have been a brief one. Repudiated by those whom it had numbered among its most zealous friends and supporters, it has been driven from one place to another, until having sought refuge on these shores, far away from the smiling home of its

birth, it now tremblingly awaits the fate which is soon to overtake it. We have not been led to these remarks by the recent movements among its professed practitioners alone; there are signs in more than one quarter of the instability of the showy fabric which has attracted so many within its walls, and it requires no prophetic power to predict with a considerable degree of certainty, that the day of its doom is nigh at hand. Notwithstanding, however, the entire harmlessness of this now effete system, we are glad to see the interests of legitimate medicine beginning to be more carefully guarded against the inroads of quackery, by some form of which every community will always be liable to be infested. From the *Dublin Medical Press* we learn that at a meeting of the Council of the Royal College of Surgeons in Ireland, on August 2d, the following ordinance and resolution were finally adopted:—

“No fellow or licentiate of the College shall pretend or profess to cure diseases by the deception called homœopathy or the practices called mesmerism, or by any other form of quackery; neither shall they or any of them seek for business through the medium of advertisements, or by any other disreputable method. It is also hereby ordained that no fellow or licentiate of the college shall consult, meet, advise, direct, or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonorable by physicians and surgeons.”

The College of Physicians has adopted the following form of declaration to be taken by licentiates on admission:—

“I engage not to practise any system or method (so called) for the cure or alleviation of disease, of which the College has disapproved; nor to endeavor to obtain practice or to attract public notice by advertising, or by any other unworthy means. I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connection with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College. And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a licentiate or fellow of the College, I thereby render myself liable, and shall submit to censure of the College, pecuniary fine (not exceeding twenty pounds), or expulsion and surrendering of the diploma, whichever the President and Fellows of the College, or the majority of them, shall think proper to inflict.”

THE following case of ventral hernia, which has been placed in our hands by Dr. C. E. Buckingham, is of interest in connection with the one reported in the proceedings of the Society for Medical Improvement this week:—

Mrs. A., 22 years old. Supposes herself to be $7\frac{1}{2}$ months pregnant, during the first three of which she had incessant nausea and vomiting, the catamenial discharge continuing regularly. Slept well last night and till 8, A.M., to-day [June 2d, 1848]. Bladder and bowels apparently in good order. Two days since, while assisting in moving, “felt pain in the right side suddenly, with the giving way of something.” The recti muscles are very much separated. The membranes ruptured at $3\frac{1}{2}$ P.M. Pains every half hour, and not very severe. Pulse, at 4.30, P.M., 100; at 5, P.M., 88; at 5.15, 80; at 5.30, when full dilatation of the os uteri had taken place, 64 in the minute. During pains, it rose to 120. Presentation of vertex. From $4\frac{1}{2}$ P.M., to this time, pain every two or three minutes, but not strong. At 5.55, P.M., the head was born, followed by the body in a few minutes. The placenta came away at about $6\frac{1}{2}$ P.M. After the labor

was completed, I could pass my hand freely between the recti muscles and grasp the uterus. The child was a still male, $17\frac{3}{4}$ inches long, weighing $5\frac{1}{4}$ pounds. The pulse was not above 84 in the minute till the 5th, when the milk coming, it rose to 100. A moderate cathartic produced twenty-four dejections in as many hours, and it was checked by an opiate. There was no flowing of consequence till the 8th, when she got a few grains of secale cornutum, after which it stopped. The ergot was continued in six-grain doses till the morning of the 12th.

I know nothing of her history afterwards.

FRACTURE APPARATUS. *Messrs. Editors,*—If Dr. Cotting will look into the *American Journal of the Medical Sciences*, No. 74, for April, 1859, he will see notice of a splint which was exhibited to the Fellows of the Mass. Medical Society, at its Annual Meeting in May, 1858, which has some features superior to his, described in the last number of this JOURNAL, and which was considered by Prof. Hamilton of sufficient merit to be copied into his work on Fractures and Dislocations.

A. CHAPIN.

CONSULTATIONS WITH HOMŒOPATHISTS. *Messrs. Editors,*—If Mr. Fergusson incurs just censure (see *Boston Med. and Surg. Journal*, page 127), what is to be said of those hereabouts, who accept office and have their names placarded, year after year, on Boards of "Consulting Physicians," with notorious homœopathsists? "The stool of repentance" is ready—Gentlemen, please be seated.

* * *

In the *San Francisco Medical Press* for July, the editor, Prof. E. S. Cooper, advances the following propositions in surgery, and invites criticism or proof against them:—

"1st. That the atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, except where it acts mechanically, as, when admitted into a vein, by producing asphyxia; into the thoracic cavity, by its pressure producing collapsing of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce morbid action.

"2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but, on the other hand, this operation will often greatly facilitate the cure, by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

"3d. That the only true method of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

"4th. That opening the joints early, in case of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient, in any respect, than when performed on parts remote from the joints.

"5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and, in all cases, it should be made to heal by granulation.

"6th. That extensive wounds, opening freely the large joints, such as the knee (even when lacerated, as by a saw, which must necessarily heal by granulation), do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

"7th. That there are no known limits beyond which a tendon will not or cannot be re-produced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance to which the divided ends of a ligament or tendon can safely be separated, has not the least foundation in fact?"

THE Sanitary Commission continues to labor with great energy to extend sanitary reforms among the troops, and with great success. At a recent meeting, it added to its force the following Assistant Secretaries:—Drs. J. T. Newberry, J. H. Douglas, and J. Foster Jenkins. These are excellent appointments. Dr. Newberry is one of the members of the Commission. Dr. Douglas is well known to the profession as the able editor of the *American Medical Monthly*, and will bring to the discharge of his duties that knowledge of sanitary science, and that energy in the execution of the plans of the Commission, which are requisite to success. Dr. Jenkins, formerly of New York, but more recently a reputable practitioner of Yonkers, N. Y., enters the service thoroughly imbued with the spirit which should animate every agent of the Commission. The following distribution of the duty of the Assistant Secretaries has been made:—

To Dr. Newberry, the departments of Gen. Rosencranz, Gen. Fremont, and Gen. Anderson. Post-Office address, Cleveland, Ohio. Dr. Newberry will establish hospital depots at Wheeling, Va. (in charge of C. D. Griswold, M.D.), at Cincinnati (in charge of W. H. Mussey, M.D.), and at Quincy, Illinois.

To Dr. Douglas, the columns under Gen. Banks and Gen. Dix. Post-Office address, Baltimore, Md. Dr. Douglas will establish hospital depots at Baltimore and Frederick City.

To Dr. Jenkins, the columns under the immediate command of Gen. McLellan and Gen. Wool, with hospital depots at Washington and Fortress Monroe. Post-office address, Washington, D. C.—*American Medical Times*.

SURGICAL APPOINTMENT.—Surgeon A. B. Crosby, late of the 1st New Hampshire Regiment, has been appointed to the post of Brigade Surgeon.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, September 21st, 1861.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	52	38	90
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	43.7	43.7	87.4
Average corrected to increased population,	97.6
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.
15	11	0	1	3	0	2	3	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer,	30.032	Highest point of Thermometer,	80.0
Highest point of Barometer,	30.184	Lowest point of Thermometer,	47.0
Lowest point of Barometer,	29.878	General direction of Wind,	W.N.W.
Mean Temperature,	65.1	Am't of Rain (in inches)	0.00

PAMPHLETS RECEIVED.—Dr. Swinburne on the Treatment of Fractures of the Long Bones.

DIED,—In New York, Dr. D. Loring, formerly of Massachusetts.

DEATHS IN BOSTON for the week ending Saturday noon, September 21st, 90. Males, 52—Females, 38.—Abscess, 1—accident, 3—apoplexy, 2—congestion of the brain, 1—disease of the brain, 2—bronchitis, 1—cholera infantum, 11—cholera morbus, 2—consumption, 15—convulsions, 4—debility, 2—diarrhea, 2—dropsy of the brain, 3—drowned, 1—dysentery, 2—scarlet fever, 1—typhoid fever, 3—homicide, 1—infantile disease, 1—insanity, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 5—old age, 1—premature birth, 3—puerperal disease, 1—scrofula, 1—teething, 3—tumor (of the brain), 1—unknown, 6—whooping cough, 4.

Under 5 years of age, 50—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 12—above 60 years, 8. Born in the United States, 71—Ireland, 14—other places, 6.